## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000068705** May 17, 2000 8:00 am Secretary of State 1. Entity Name PHILADELPHIA ENTERPRISES, INC. 05-17-2000 91056 001 \*\*\*300.00 Principal Place of Business Mailing Address 908 N.W. 57TH STREET 908 NW 57TH STREET SUITE C GAINESVILLE FL 32605-6438 GAINESVILLE FL 32605-6441 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3395195 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KARADSHEH, ADLI Street Address (P.O. Box Number is Not Acceptable) 908 NW 57TH STREET SUITE C **GAINESVILLE FL 32605** Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **DPT** ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME KARADSHEH, ADLI J M.D. NAME STREET ADDRESS STREET ADDRESS 908 NW 57TH ST., STE. C CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ KARADSHEH, RITA NAME 908 NW 57th st., Ste C STREET ADDRESS STREET ADDRESS 10161 CENTURION PARKWAY NORTH , STE. 190-Gaines ville, FL 32606 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition Delete TITLE TITLE KARADSHEH, AKRAM NAME NAME STREET ADDRESS 1641 BEARD S.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASCADE MI ☐ Change ☐ Addition ☐ Delete TITLE TITLE KARADSHEH, ROSE NAME NAME STREET ADDRESS STREET ADDRESS 1104 SAND BAR CIRCLE CITY-ST-ZIP CITY-ST-ZIP CARMICHAEL CA 95608 Change Addition Delete TITLE TITLE KARADSHEH, HANI NAME NAME STREET ADDRESS STREET ADDRESS 4042 WOODLAND CREEK, APT. 101 CITY-ST-ZIP CITY-ST-7IP KENTWOOD MI Change ☐ Addition TITLE ☐ Delete TITLE KARACHY, RAMZI NAME NAME STREET ADDRESS STREET ADDRESS 3943 CHAMBERLAIN S.E. CITY-ST-ZIP CITY-ST-ZIP **GRAND RAPIDS FL** 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

RITA KARADSHELI SECRETARY